

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Cardiac Rehabilitation	Protocol #: PA P225.02 Protocol Pages: 2 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Cardiac Rehabilitation.

PROTOCOL:

- A. Cardiac Rehabilitation
CPT: 93797-93798
LOS: OP
- B. The prior-authorization specialist may approve **with prior authorization nurse review** and if **all** the following are present:
 - 1. An attending physician made the referral;
 - 2. The referral was made to a health plan approved cardiac rehabilitation program **and**
 - 3. The patient has one of the following clinical problems.
 - a) **Stable Angina or**
 - b) Acute myocardia stress test has been performed and the patient has been deemed to be stable candidate for cardiac rehabilitation.
- C. A post event cardiac stress test has been performed and the patient has been deemed to be a stable candidate for cardiac rehabilitation.

Note: The following currently applies to this guideline:

- 1. The cardiac rehabilitation program at MMC is currently the only program approved by the health plan.
- 2. The initial intake assessment by the cardiac rehabilitation personnel is part of the first exercise session.
- 3. Only one level of cardiac rehabilitation is recognized and covered.
- 4. The initial approval can be for up to 18 sessions. One set of additional 18 sessions (for a total of 36 sessions) will be approved if the patient has been compliant with the program and is documented improvement by the cardiac rehabilitation personnel.

- D. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- E. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- F. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.